•	ノ					mber	1							
PATENT APPLICATION FEE DETERMINATION RECOI									0 (0)773983 CSC0-8329					
									CSC0 - 8329					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF	OTHEI SMALL	R THAN ENTITY		
T	OTAL CLAIMS	3	31					RATE	FEE	7	RATE	FEE .	ł	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	<del>                                     </del>		
TOTAL CHARGEABLE CLAIMS			31 - minus 20=		•//			XS 9=	:	OR	X\$18=	10 11	L	
INDEPENDENT CLAIMS			4 _ minus 3 =		•/			X43=		┨┈	¥00	1941		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT		· 🗇					OR		86.	1	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR		1		
CLAIMS AS AMENDED - PART II								TOTAL	· L	JOR	TOTAL	10574.	Ŋ	
		(Column 1)	(Column 2) (Column 3)					SMAL	L ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID S	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 28	Minus .	m 2	> /	=		XS 9=		OR	XS18=			
	Independent	· 3	Minus	*** **	<del>-</del>	<u> </u>	ľ	X43=		OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	. 1 15			4290=	1		
								+145=	L	OR	TOTAL			
		(Column 1)		(Colum	O\	(Cal 0)	,	DDIT. FE		OR	ADDIT. FEE			
		CLAIMS .		(Colum		(Column 3)	lr		LADDI	1 1		4001		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**			ľ	XS 9=	1	OR	X\$18= '	, , ,		
	Independent	•	Minus	944		=	ŀ	X43=	<del>                                     </del>		X86=			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>                                     </del>	OR ·	•			
								+145=		OR	+290= TOTAL	•	٠	
									<u> </u>	OR ,	ADDIT. FEE		ĺ	
_		(Column 1) CLAIMS		(Colum		(Column 3)		· ·						
MEN		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
	Total ·		Minus	***	<u> </u>	=	t	X\$ 9=	FEE		X\$18=	FEE		
	Independent	*	Minus	***			F	X43=		OR				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OŖ	X86=			
+145=										OR	+290=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL ADDIT. FEE											TOTAL ODIT. FEE			
T	he *Highest Num	moer Previously Paid ber Previously Paid	For (Total or	Independen	iess thar d) is the	i 3, enter "3." highest number	toun	d in the ap	propriate bo					